

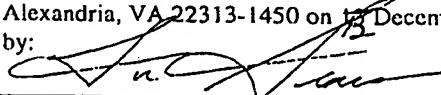


Attorney Docket No. BA1525-976/03273

Customer No. 24,118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/626,350)
Filing Date: 7/24/2003)
Applicant: Dennis Lewis)
Title: Burner Assembly)
Art Unit: 3749)
Examiner: Basichas, Alfred)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Director of Patents, P. O. Box 1450,
Alexandria, VA 22313-1450 on 13 December 2007
by: 

PETITION FOR THREE-MONTH EXTENSION OF TIME

Director For Patents
Mail Stop: Amendment With Fee
P. O. Box: 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR § 1.136(a), Applicant hereby petitions for a three-month extension of time to respond to the Office Action dated June 13, 2007. The Commissioner is hereby authorized to charge Deposit Account No. 08-1500 in the amount of \$525 for payment of the extension of time fee and/or any additional fees that may be associated herewith.

Please immediately contact the undersigned if there are any questions regarding this Petition.

HEAD, JOHNSON & KACHIGIAN

Respectfully submitted,

MGK
Dated: 13 December 2007

Adjustment Date: 07/03/2008 CKHLOK
07/03/2008 SBRYCE 00000003 081500 10626350
By: *MGK* 11-10-2008 525.00 CR
Mark G. Kachigian, Reg. No. 32840
Head, Johnson & Kachigian
228 West 17th Place
Tulsa, Oklahoma 74119
(918) 587-2000

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	07/02/08	2 Serial/Patent #	10/626,350
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time 2253		03/25/08	\$ 525.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 525.00
8 TO BE REFUNDED BY:			
<input type="checkbox"/> 10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9	0 8 -- 1 5 0 0
<input checked="" type="checkbox"/> X No Fee Due (Explanation):			
The Extension of time period is over, no extension fee is due.			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Irvin Dingle	
SIGNATURE:			
OFFICE:		Petitions	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE: 7/3/08	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B